

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039623

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1355

FILED OCT 16 1963

## 1. PLACE OF DEATH

a. COUNTY

Greene

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

Springfield

Length of stay in 1b

44 years

c. CITY

OR  
TOWN

Springfield

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

Burge Hospital (D.O.A.)

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

1020 W. Scott

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

CLYDE

Middle

MILES

Last

THEUER

4. DATE

OF  
DEATH

Month

October

Day

6

Year

1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

March 17, 1896

## 9. AGE (last birthday)

67

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Postal Clerk

## 10b. KIND OF BUSINESS OR INDUSTRY

U. S. Postal Dept.

## 11. BIRTHPLACE (City and state or country)

Leavenworth, Kans.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Cassius William Theuer

## 13b. MOTHER'S MAIDEN NAME

Alice Elizabeth Patten

## 14. NAME OF HUSBAND OR WIFE

Laura A. Theuer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

Yes WW I

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

John W. Wylie, Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

INTERVAL BETWEEN  
ONSET AND DEATH

4 mo.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF

Hour

Month, Day, Year

a.m.  
p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-26-63 to 10-6-63 and last saw him alive on 9-25-63  
Death occurred at 10:15 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

D. M. K. Longner M.D.

## 22b. ADDRESS

1630 N. Jefferson, Springfield, Mo.

## 22c. DATE SIGNED

10-8-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

10-10-63

## 23c. NAME OF CEMETERY OR CREMATORY

Maple Park

## 23d. LOCATION (City, town, or county)

Springfield, Mo.

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

Jewell E. Windle, Springfield, Mo.

## 25. DATE RECD. BY LOCAL REG.

10-14-63

## 26. REGISTRAR'S SIGNATURE

Dennis Fredley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 17 1963

NOV 5 1963

FEB 14 1964

10/9/63

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, Ma.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.